

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WE THE PEOPLE, NOT WASHINGTON		FEC IDENTIFICATION NUMBER ▼ C C00571356											
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M M</td><td>/</td><td>D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr> <tr><td>08</td><td></td><td>07</td><td></td><td>2015</td></tr> </table>		M M	/	D D	/	Y Y Y Y Y Y	08		07		2015
M M	/	D D	/	Y Y Y Y Y Y									
08		07		2015									

Full Name of Payee In The Field LLC		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin-left:10px"><tr><td>M M</td><td>/</td><td>D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>08</td><td></td><td>06</td><td></td><td>2015</td></tr></table>		M M	/	D D	/	Y Y Y Y Y Y	08		06		2015
M M	/	D D	/	Y Y Y Y Y Y									
08		06		2015									
Mailing Address 1520 Myron St		Amount <table border="1" style="display:inline-table; margin-left:10px"><tr><td colspan="5">7500.00</td></tr></table>		7500.00									
7500.00													
City Niskayuna	State NY	Zip Code 12309	Transaction ID : SE.4755										
Purpose of Expenditure Media Purchase	Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin-left:10px"><tr><td>M M</td><td>/</td><td>D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>		M M	/	D D	/	Y Y Y Y Y Y					
M M	/	D D	/	Y Y Y Y Y Y									
Name of Federal Candidate GEORGE E PATAKI		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH										
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin-left:10px"><tr><td colspan="5">0.00</td></tr></table>		0.00					Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						
0.00													

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin-left:10px"><tr><td>M M</td><td>/</td><td>D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>		M M	/	D D	/	Y Y Y Y Y Y					
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Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____										
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(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin-left:10px"><tr><td colspan="5">7500.00</td></tr></table>	7500.00				
7500.00						
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; margin-left:10px"><tr><td colspan="5"></td></tr></table>					
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin-left:10px"><tr><td colspan="5"></td></tr></table>					

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Satterfield

[Electronically Filed]

Date

M M	/	D D	/	Y Y Y Y Y Y
08		19		2015

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
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Form/Schedule: F24A

Transaction ID :

FECFile software bug prevents Calendar-Year-To-Date figure from populating. The Calendar Year-To-Date figure is \$103,485.

Form/Schedule:

Transaction ID: